

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-DEC-2015		TIME 05:30:00	2. ADDRESS OF OCCURRENCE 4710 1/2 W ERIE ST CHICAGO, IL 60644			3. LOCATION CODE 289	4. BEAT/OCCUR 1111																																																																																																																										
5. POSITION 9161		6. LAST NAME LAPALERMO	7. FIRST NAME ANTHONY M	8. STAR NO. 16727	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 507	12. HT. 185	13. WT.																																																																																																																								
14. DATE OF APTF 30-APR-2007		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1172R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																											
20. LAST NAME LEGRIER		21. FIRST NAME QUIENTONIO	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 504	27. WT. 125																																																																																																																									
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?BLUNT INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																												
33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? ER STAFF	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	38. DNA	39. IR NO. [REDACTED]	40. DNA																																																																																																																									
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<p>40. ADDITIONAL INFORMATION SUBJECT ATTEMPTED TO STRIKE R/O WITH A BASEBALL BAT.</p> <table border="1"> <thead> <tr> <th>POSITION</th> <th>STAR NO.</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </tbody> </table>										POSITION	STAR NO.	UNIT	[REDACTED]	[REDACTED]	[REDACTED]																																																																																																																		
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41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR																																																																																																																											
45. MAKE/MANUFACTURER [REDACTED]				46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]																																																																																																																											
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]																																																																																																																											
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]																																																																																																																											
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]																																																																																																																													
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																																																																																																																													
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]																																																																																																																													
70. EVENT NO. 1536002215 71. I.D. NO. HY550255 72. INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																	
73. REPORTING MEMBER (Print Name) LAPALERMO, ANTHONY M 26-DEC-2015 11:32:46				STAR/EMPLOYEE NO 16727	SIGNATURE [REDACTED]																																																																																																																												
74. REVIEWING SUPERVISOR (Print Name) STUART, STEPHANIE L 330				STAR NO. 330	SIGNATURE [REDACTED]	DATE REVIEWED 26-DEC-2015	TIME 11:52:42	LOG # 1678606																																																																																																																									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

OFFENDER DECEASED.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. RIALMO acted in accordance with Department Policy in that P.O. RIALMO fired his/her weapon after offender charged at P.O. RIALMO and his partner, P.O. LaPALERMO while swinging a metal baseball bat at them. P.O. LaPALERMO was standing behind his partner. P.O. RIALMO at the time P.O. RIALMO fired his weapon at the offender. U#15-027.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO: 1078616 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

DATE COMPLETED

TIME

26-DEC-2015 12:06:00

79. TOTAL TRRs THIS EVENT No

2

LOG# 1078616
Attachment 9